

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G090	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/31/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3839 CAMELOT LN COLUMBUS, IN 47201
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W 0000 Bldg. 00	<p>This visit was for a Post Certification Revisit (PCR) to the investigation of complaint #IN00174900 completed on 6/16/15.</p> <p>Complaint #IN00174900: Not corrected.</p> <p>Survey Dates: August 27, 28 and 31, 2015</p> <p>Facility Number: 000630 Provider Number: 15G090 AIM Number: 100233920</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/3/15.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for</p>	W 0104	Corrective actions taken:	09/30/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>6 of 6 clients living in the group home (A, B, C, D, E and F), the governing body failed to exercise operating direction over the facility by failing to train the day program staff on abuse, neglect and exploitation, create a policy and procedure for monitoring the surveillance system in the group home, implement a video surveillance monitoring program, conduct observations at the group home and facility-operated day program to monitor and document staff to client interactions.</p> <p>Findings include:</p> <p>On 8/27/15 at 1:03 PM a review of the facility's Plan of Correction (POC) for the complaint investigation completed on 6/16/15 was conducted and indicated the following:</p> <p>1) The facility's POC, with a completion date of 7/16/15, indicated, in part, "...Day program staff have been trained by the day program manager and all new hires have been made aware of the critical nature of proper client treatment and reporting. The staff will be instructed that any possible allegations of ANE (abuse, neglect and exploitation) are to be reported to the QIDP (Qualified Intellectual Disabilities Professional) or available supervisor within 30</p>		<p>·Day program staff received abuse, neglect and exploitation training and incident reporting</p> <p>Training and will receive additional training(attachment A)</p> <p>·QIDPs will be in-serviced upon video surveillance documentation and implementation</p> <p>·Bartholomew QIDP will be in-serviced on PEP room visit expectations</p> <p>·A new day program observation sheet (attachment B)and pep room log sheet (attachment C) was created and the QIDPs will be in-serviced on it</p> <p>·Video surveillance policy was created (attachment D)</p> <p>How will we identify others:</p> <p>·RPM will review required surveillance documentation from group homes that have cameras on a monthly basis</p> <p>·Day program Mgr will review all dsp training records to ensure staff are trained on abuse, neglect and exploitation</p> <p>·RPM will review log to ensure daily visits are occurring</p> <p>Measures put in place:</p> <p>·Video surveillance policy</p> <p>·Pep room visit log</p> <p>·Day program observation form</p> <p>·HR will generate and disperse</p>		

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	<p>minutes...." There was no documentation the day program staff was training on ANE. This affected clients A, B, C, D, E and F.</p> <p>On 8/28/15 at 1:00 PM, the Regional Program Manager (RPM) the facility was supposed to train the day program staff on ANE. The RPM indicated there was no documentation the day program staff received training on ANE.</p> <p>2) The POC indicated, "...The agency is also in the process of updating our video surveillance system as well as video surveillance review implementation. The improvement will allow approved managers to more easily view the cameras from multiple electronic platforms, including company smart phones. The regional program manager for group homes will create and implement a mandatory observation schedule for QIDPs (Qualified Intellectual Disabilities Professionals) in the counties that have group homes with video surveillance. The QIDPs will be required to observe portions of each shift per week. The QIDPs will then be required to document what they observed in a shared folder accessible only to relative program managers. The regional program manager will review the documented observations and determine</p>		<p>monthly training report needs</p> <ul style="list-style-type: none"> ·QIDPs trained on day program observation form and log <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> ·RPM and Quality Assurance Director will review monthly video documentation and RPM will sign off on documentation to ensure it has been done ·RPM will review pep room visit log on a weekly basis ·RPM and QASSM will review day program staff training on a monthly basis <p>Competition date:</p> <ul style="list-style-type: none"> ·9/30/15 				

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	<p>if staff training or other action is appropriate." This affected clients A, B, C, D, E and F.</p> <p>A review of the Video Surveillance Log was conducted on 8/27/15 at 1:33 PM. The Video Surveillance Log indicated at the top of the spreadsheet, "Minimum of 4 observations per month, vary shifts." There was no documentation of the QIDP completing observations of the video surveillance system weekly from 7/16/15 to 8/27/15.</p> <p>On 8/28/15 at 1:21 PM, the RPM stated, "I will develop a more thorough policy and procedure (for monitoring the cameras) and distribute it for homes with cameras." The RPM indicated the reviews of the cameras was documented on the Video Surveillance Log. The RPM indicated the cameras were to be reviewed weekly by the QIDP. The RPM indicated the group home router was not functioning properly during the time period. The RPM indicated due to the system issues, no review of the surveillance footage was reviewed. The RPM indicated it was supposed to be completed 4 times per month however there were on-going issues with the system.</p> <p>3) The POC indicated, "The day program</p>						

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	<p>manager, QIDP and RPM will make weekly visits to the PEP (Personal Enhancement Program) room in order to better monitor and document staff/client interactions. The house lead, county QIDP or the regional program manager will be present in the home and the day program on a daily basis in order to ensure proper staff/client interaction and to train and direct staff as needed."</p> <p>On 8/27/15 at 1:41 PM, a review of the observations was conducted. The QIDP conducted observations in the PEP room on 7/27/15 and 8/24/15. There was no documentation the day program manager, QIDP and RPM conducted weekly visits to the PEP room. There was no documentation the house lead, QIDP and RPM were present in the home and day program on a daily basis in order to ensure proper staff/client interaction and to train and direct staff as needed.</p> <p>On 8/28/15 at 1:00 PM, the QIDP indicated she visited the PEP room daily but did not document her visits.</p> <p>On 8/28/15 at 1:00 PM, the RPM indicated the facility did not have documentation of daily or weekly visits to the PEP by the day program manager, RPM or QIDP.</p>			

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	<p>This deficiency was cited on 6/16/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00174900.</p> <p>9-3-1(a)</p>				